

1. CIR./DIST./DIV. CODE 08C		2. PERSON REPRESENTED HUMPHREY, BRUCE		VOUCHER NUMBER 13168902	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 4:12-000128-001	5. APPEALS DKT./DEF. NUMBER X:13-001689-001		6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) US v. HUMPHREY		8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Appellant		10. REPRESENTATION TYPE (See Instructions) Appeal of Trial Disposition
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.					
FILED					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS BOHNET, ERIC C. 6617 Southern Cross Drive Indianapolis IN 46237 Telephone Number: (317) 750-8503			13. COURT ORDER		
			<input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Sub For Federal Defender <input type="checkbox"/> R Sub For Retained Attorney <input type="checkbox"/> P Sub For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court Date of Order: <u>05/02/2013</u> <input checked="" type="checkbox"/> <u>NO</u> Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)					

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(Rate per hour = \$) TOTALS:					
16. a. Interviews and Conferences	5.9				
b. Obtaining and reviewing records <u>36.9 @ 125 = 4612.50</u>	12.2				
c. Legal research and brief writing <u>30.3 @ 110 = 3333.00</u>	49.5				
d. Travel time <u>67.2</u> <u>7945.50</u>					
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ <u>125</u> / hr) TOTALS:	<u>67.2</u>	<u>7945.50</u>	<u>67.2</u>	<u>7,945.50</u>	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)		<u>952.54</u>		<u>952.54</u>	
18. Other Expenses (other than expert, transcripts, etc.)		<u>8,898.04</u>		<u>8,898.04</u>	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM <u>May 1, 2013</u> TO <u>Oct. 28, 2013</u>		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number <u>1</u> <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: <u>Eric C. Bohnet</u> Date: <u>Oct. 28, 2013</u>			

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER	DATE		28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
<u>-0-</u>	<u>6900.00</u>	<u>-0-</u>	<u>952.54</u>	<u>87852.34</u>
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE
<u>[Signature]</u>			<u>Nov. 1, 2013</u>	<u>-820</u>

See In re Carls, 644 F.3d 694, 699-700 (8th Cir. 2011).